



CITY OF ELOY
APPLICATION FOR A SPECIAL PERMIT TO USE THE ELOY MUNICIPAL LANDFILL

Applicant: _____

Contact Name: _____

Address: _____

Email Address: _____

Phone #: _____

Proposed Location or Boundaries of Area that will be served by the Landfill:

Map of area where solid waste will be generated is attached: Yes _____ No _____

Acknowledgment and Acceptance of Special Permit Terms and Conditions:

This special permit is hereby granted to _____ who will be collecting and disposing of solid waste in an area generally located at _____ for _____ years (maximum permit term is five years). I acknowledge and understand that the solid waste that is collected and disposed of at the Eloy Municipal Landfill must meet the prevailing solid waste policies and procedures provided in the Eloy City Code, the City's operating permit from ADEQ, and any administrative rules, including the prevailing City fee schedule, promulgated by staff to implement City policies, and that any violations of these policies and procedures may result in a revocation of this special permit.

APPLICANT:

Print Name _____

Signature _____

Date _____

CITY OF ELOY:

APPROVED _____

TITLE _____

PERMIT EFFECTIVE DATE _____